

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/520134

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3	2		1			
4	2		1			
5	2		1			
6	1		1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	10	←	19	←	←	←
TOTAL CLAIMS	11		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						